

ATTACHMENT 2

A1	A2	A3	A4
COMMUNITY AIDS REPORTING SYSTEM	1999 DISTRIBUTION REPORT FOR AGENCIES	VOUCHER 82080	APRIL EXPS
DMT-CARS 603	PAGE 1		
AGENCY A5	10000000-079 TRIBE A6	EXPECTED PMT DATE 07/01/1999 A7	*CONT'D* A8
JULY ADVS A9	06/01/99 20:08:59	A10	

A11	A12	A13	A14
EXPENSE DESCRIPTION	EXPENSES THIS MONTH	ADJUSTMENTS PRIOR MONTHS	NET EXPENSES REPORTED
** NON STATE/COUNTY CONTRACT			
*** ADJUSTMENT (CONTRACT)			
001008 A/R CONTRACT EXTENSION	0	0	0
*** CONTRACT CONTROLLED			
065005 TRIBES-BIRTH TO THREE	0	1399	1399
147106 WIC ADMINISTRATION	10000	0	10000
147116 WIC CLIENT SERVICE	100	0	100
147126 WIC NUTRITION EDUC	500	0	500
147136 WIC BF SUPPORT	0	0	0
147146 WIC IMMUNIZATION	0	0	0

Example of the DMT 603 Report

ATTACHMENT 3

COMMUNITY AIDS REPORTING SYSTEM 1999 DISTRIBUTION REPORT FOR AGENCIES VOUCHER 82080 APRIL EXPS									
AGENCY 10000000-079 TRIBE EXPECTED PMT DATE 07/01/1999 JULY ADVS 06/11/99 20:08:59									
Expense Description E	F	G	H	I	J	K	L	M	
NET EXPENSES THIS MONTH	Reported CTD expenses	Exps rolled +IN/-OUT	Actual CTD Expenses	Contract/ Addenda	Payment /Advance	CTD Payments/ Advances	Difference K - H	UNEXPENDED CONTRACT	
*** DISTRIBUTION OF EXPENDITURES***									
*** NON STATE/COUNTY CONTRACT ***									
N 65005 TRIBES-BIRTH TO THREE		10/1/1998	9/30/1999						
1,399	7,399	0	6,399	60,000	1,399	21,399	15,000	38,601	
147106 WIC ADMINISTRATION		10/1/1998	9/30/1999						
10,000	50,000	50000-	0	0	0	0	0	0	
147116 WIC CLIENT SERVICE		10/1/1998	9/30/1999						
100	700	700-	0	0	0	0	0	0	
147126 WIC NUTRITION EDUC		10/1/1998	9/30/1999						
500	2,000	2000-	0	0	0	0	0	0	
147136 WIC BF SUPPORT		10/1/1998	9/30/1999						
0	0	0+	0	0	0	0	0	0	
147146 WIC IMMUNIZATION		10/1/1998	9/30/1999						
0	0	0+	0	0	0	0	0	0	
147156 WIC TOTAL GRANTS		10/1/1998	9/30/1999						
		52700+	52,700	120,000	10,600	82,700	30,000	37,300	
*****TOTALS FOR CONTRACT TYPE (NON STATE/COUNTY CONTRACT)									
11,999	60,099	0+	59,099	180,000	11,999	104,099	45,000	75,901	
O ***** TOTALS FOR AGENCY (TRIBE)									
11,999	60,099	0	59,099	180,000	11,999	107,099	45,000	75,901	
*** CURRENT AGENCY CHECK AMOUNT					11,999				

*** DUE DHSS FROM TRIBE

*** DO NOT SEND CASH UNLESS DIRECTED BY AN ATTACHMENT

Example of the DMT 603 Report

ATTACHMENT 4

COMMUNITY AIDS REPORTING SYSTEM		1999 DISTRIBUTION REPORT FOR AGENCIES		VOUCHER 82080		APRIL EXPS		
AGENCY 10000000-079		TRIBE EXPECTED PMT DATE 07/01/1999		JULY ADVS		06/11/99 20:08:59		
Expense Description	F	G	H	I	J	K	L	M
E								
NET EXPENSES THIS MONTH	Reported CTD expenses	Exps rolled +IN/-OUT	Actual CTD Expenses	Contract/Addenda	Payment CTD /Advance	Payments/Advances	Difference K - H	UNEXPENDED CONTRACT
*** DISTRIBUTION OF EXPENDITURES***							("CTD" = "CONTRACT-TO-DATE")	
*** NON STATE/COUNTY CONTRACT ***								
999999 DUE DHFS FROM PREVIOUS PERIOD								
-35,413	-35,413	0	-35,413	0	-35,413	-35,413	0	-35,413
-35,413	-35,413	0+	-35,413	0	-35,413	-35,413	0	-35,413
NOTE: This page is an example only. It is not intended to be included with the other pages in this sample								
Please do not try to sum this number in with the rest of the pages to calculate the total on Attachment A1-A2.								
A different agency number and agency name have been used from the other attachment.					11,999			